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** CONTINUING DATA ***** None I.D.

** FOREIGN APPLICATIONS ***** None I.D.

IF REQUIRED, FOREIGN FILING LICENSE
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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after conditions met Allowance J.A. Verified and Acknowledged Examiner's Signature Initials	STATE OR COUNTRY NY	SHEETS DRAWING 1	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 3
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